

County: Chippewa
 NORTHERN WISCONSIN CENTER FOR D. D.
 2820 EAST PARK AVENUE, P. O. BOX 340
 CHIPPEWA FALLS 54729 Phone: (715) 723-5542
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/01): 192
 Total Licensed Bed Capacity (12/31/01): 289
 Number of Residents on 12/31/01: 187

Facility ID: 9990

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Ownership:
 Highest Level License: FDDs
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? No
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 186

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)			
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		5.3	
Home Health Care	No					1 - 4 Years		3.7	
Supp. Home Care-Personal Care	No					More Than 4 Years		90.9	
Supp. Home Care-Household Services	No	Developmental Disabilities	100.0	Under 65	92.0				
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	5.3				
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	2.7				100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	0.0	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0	Full-Time Equivalent			
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/01)			
Other Meals	No	Cardiovascular	0.0	65 & Over	8.0				
Transportation	No	Cerebrovascular	0.0			RNs		7.3	
Referral Service	No	Diabetes	0.0	Sex	%	LPNs		12.3	
Other Services	Yes	Respiratory	0.0			Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	0.0	Male	59.9	Aides, & Orderlies			
Mentally Ill	No			Female	40.1			137.2	
Provide Day Programming for			100.0						
Developmentally Disabled	Yes				100.0				

Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other		Private Pay		Family Care		Managed Care					
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	No.	%	No.	%	No.	%	No.	%	Total Resi - dents	% Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	187	100.0	461	0	0.0	0	0.0	0	0	0.0	0	0	0.0	187	100.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	0	0.0		187	100.0		0	0.0	0	0.0	0	0	0.0	0	0	0.0	187	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	7.7	Daily Living (ADL)	Independent			
Private Home/With Home Health	0.0	Bathing	5.9	34.2	59.9	187
Other Nursing Homes	0.0	Dressing	31.0	18.2	50.8	187
Acute Care Hospitals	0.0	Transferring	59.4	19.8	20.9	187
Psych. Hosp. -MR/DD Facilities	92.3	Toilet Use	38.5	26.2	35.3	187
Rehabilitation Hospitals	0.0	Eating	54.0	10.7	35.3	187
Other Locations	0.0	*****				
Total Number of Admissions	13	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	0.0	Receiving Respiratory Care		3.7
Private Home/No Home Health	0.0	Occ/Freq. Incontinent of Bladder	65.2	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	6.7	Occ/Freq. Incontinent of Bowel	52.4	Receiving Suctioning		1.1
Other Nursing Homes	0.0			Receiving Ostomy Care		4.3
Acute Care Hospitals	0.0	Mobility		Receiving Tube Feeding		3.7
Psych. Hosp. -MR/DD Facilities	13.3	Physically Restrained	29.4	Receiving Mechanically Altered Diets		80.2
Rehabilitation Hospitals	0.0					
Other Locations	53.3	Skin Care		Other Resident Characteristics		
Deaths	26.7	With Pressure Sores	0.5	Have Advance Directives		0.0
Total Number of Discharges (Including Deaths)	15	With Rashes	18.2	Medications		
				Receiving Psychoactive Drugs		65.2

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

	This Facility %	FDD Facilities %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	64.4	84.6	0.76	84.6	0.76
Current Residents from In-County	4.3	41.3	0.10	77.0	0.06
Admissions from In-County, Still Residing	0.0	17.0	0.00	20.8	0.00
Admissions/Average Daily Census	7.0	18.6	0.38	128.9	0.05
Discharges/Average Daily Census	8.1	22.2	0.36	130.0	0.06
Discharges To Private Residence/Average Daily Census	0.5	9.4	0.06	52.8	0.01
Residents Receiving Skilled Care	0.0	0.0	0.00	85.3	0.00
Residents Aged 65 and Older	8.0	15.8	0.51	87.5	0.09
Title 19 (Medicaid) Funded Residents	100.0	99.3	1.01	68.7	1.46
Private Pay Funded Residents	0.0	0.5	0.00	22.0	0.00
Developmentally Disabled Residents	100.0	99.7	1.00	7.6	13.19
Mentally Ill Residents	0.0	0.2	0.00	33.8	0.00
General Medical Service Residents	0.0	0.1	0.00	19.4	0.00
Impaired ADL (Mean) *	51.4	50.6	1.02	49.3	1.04
Psychological Problems	65.2	46.6	1.40	51.9	1.26
Nursing Care Required (Mean) *	14.0	11.0	1.27	7.3	1.90